	APOLLO HOSPITALS, SECUNDERABAD	AAC – 09c
		Issue: C
	SYSTEM PROCEDURE ON RADIOLOGY SERVICES	Date:06-01-2017
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PREPARED BY: HOD - Radiology		APPROVED BY: Chief Executive Officer

SYSTEM PROCEDURE ON IMAGING SERVICES

- **PURPOSE**

To define a procedure to ensure that imaging services are provided as per the requirements of the patients treated at Apollo Hospital, Secunderabad

- **SCOPE**

This procedure is applicable to imaging services that are provided at Apollo Hospital, Secunderabad


- **RESPONSIBILITIES**

Radiologists, Radiation Safety Officer (RSO), Technicians are responsible to implement this procedure.

- **PROCEDURE**

- The imaging services provided at Apollo Hospitals, Secunderabad comply with legal requirements like AERB clearance, lead sheets, lead aprons, regular Quality assurance test, Annual status report, signage's, display of PNDT certificate, submission of reports to competent authorities, etc.
- The imaging services provided at Apollo Hospital, Secunderabad are
 - X-Ray - Digital and portable
 - Fluoroscopy
 - CT Scan
 - MRI
 - Ultrasound
 - Cardiac catheterization lab

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- The imaging services are performed, supervised and interpreted by adequately qualified and trained personnel.

Imaging Services	Performed By	Supervised By	Results Interpreted By
X-Ray (Digital)	Technologist	In-charge Technologist	Radiologist
Fluoroscopy	Technologist	In-charge Technologist	Radiologist
CT Scan	Technologist	In-charge Technologist	Radiologist
MRI	Technologist	Incharge Technologist	Radiologist
Ultrasound	Consultant Radiologist	Not Applicable	Consultant Radiologist
Cath Lab	Consultant Doctor	Incharge Technologist	Consultant Doctor

- Identification And Transportation of Patients
 - All in-patients are identified by two identifiers i.e. patient name and IP number.
 - All out-patients are identified by two identifiers i.e. patient name and OP (YH) number.
 - In-patients shifted to the imaging services area by wheel chair / stretcher / by walking for investigations are accompanied by


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the nurse taking care of the patient and the patient is handed over to concerned personnel who take care of the patient in diagnostic area.

- Before starting diagnostic procedures, patients are informed about the imaging activities by concerned technician or radiologist (when required)
- All unstable patients transported to diagnostic area are accompanied by either an Anesthetist / an Intensivist. The diagnostic area is provided with a crash cart which is equipped with emergency drugs and resuscitation equipment.
- All the patients are independently verified on their identification by the technologist with confirmation from their medical record.
- After the investigations are done, in-patients are handed over to concerned nurse who has accompanied the patient while shifting.
- Out-patients are informed about the report collection time as soon the investigation is done.

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- The imaging results are verified and dispatched to the report collection area

RADIOLOGY SERVICES TURN AROUND TIME

X-RAY, CT SCAN, ULTRA SOUND AND MRI


- Routine cases will be reported within 24 hours.
- In case of emergency (Stroke, head injuries, etc.) the Provisional reports will
- be given immediately.
- All ultrasound provisional reports are given immediately to the patients.

Note: For investigations done after 5pm, reports will be given in the first two hours of the next working day.

- Critical results are intimated to the treating Doctor / DMO / nurse in-charge of the patient over the phone and then authorized written report is sent to concerned ward.
- Critical results for different imaging services are:


Imaging Services	Critical Results
X-Ray	<ul style="list-style-type: none"> •Pneumothorax •Fracture ribs with gross Haemo/Pneumothorax •Pneumo peritoneum •Suspicious fractures and cervical spine including CVJ •Fracture dislocation hip, shoulder. •Complex pelvis fracture. •Malposition of tubes •Foreign bodies in the respiratory tract & esophagus.
CT Scan	<ul style="list-style-type: none"> •Pulmonary thromboembolism. •Head trauma with subdural/extradural hemorrhage

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	<p>causing mass effect and midline shift.</p> <ul style="list-style-type: none"> •Inward displacement fractures •CV junction fractures. •Aortic dissection ruptured aortic aneurysms. •Abdominal traumas e.g., like liver, spleen, kidneys & pancreatic lacerations/bladder rupture/bowel injuries. •Hollow viscus perforations. •Vertebral body injuries e.g., C-spine, D-spine •Hyper acute infarctions. •Large intracerebral hemorrhage •Ureteric injuries. •Malposition of catheters.
MRI	<ul style="list-style-type: none"> •Spinal trauma •Hyper acute infarctions. •Diffuse axonal injuries. •Aortic dissections. •Any additional findings/incidental.
Ultrasound	<ul style="list-style-type: none"> •Haemo peritoneum. •Liver/ splenic lacerations. •Ruptured ectopic gestation •Placenta of previa/ retro placental haematoma •Intrauterine deaths. •Immediate post operative collection. •Intra luminal thrombos / arterial tear

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	<ul style="list-style-type: none"> •Ureter leaks •Severe oligo hydraminos •Bladder/urethral injuries •Malposition of tubes •Acute appendicitis / pancreatitis / cholecystitis
Cath Lab	1. Triple Vessel disease 2. Major blocks 3. Left Main Coronary artery block

- In case of break down if any Imaging services, the patients are shifted to other diagnostic centre as detailed in MOU with each center.

RECORDS

- MOU

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